

**HEALTHCARE COST AND UTILIZATION PROJECT — HCUP**  
**A FEDERAL-STATE-INDUSTRY PARTNERSHIP IN HEALTH DATA**  
Sponsored by the Agency for Healthcare Research and Quality

**OVERVIEW OF**  
**THE HCUP STATE AMBULATORY SURGERY DATABASES (SASD)**

**These pages provide only an introductory overview of the SASD.**  
**Full documentation is provided on the SASD Documentation CD-ROM.**

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## **HCUP STATE AMBULATORY SURGERY DATABASES (SASD)**

### **SUMMARY OF DATA USE LIMITATIONS**

#### **\*\*\*\*\* REMINDER \*\*\*\*\***

**All users of the SASD must sign a data use agreement. The signed data use agreements must be kept on file by the organization that purchased the SASD data. †**

Authorized users of HCUP data agree to the following limitations: ‡

- Cannot use the data for any purpose other than research or aggregate statistical reporting.
- Cannot re-release any data to unauthorized users.
- Cannot identify or attempt to identify any individual.
- Cannot link HCUP data to data from another source that identifies individuals.
- Cannot report information that could identify individual establishments.
- Cannot use the data concerning individual establishments for commercial or competitive purposes involving those establishments.
- Cannot use the data to determine rights, benefits, or privileges of individual establishments.
- Cannot identify or attempt to identify any establishment when its identity has been concealed on the database.
- Cannot contact establishments included in the data.
- Cannot attribute to data contributors any conclusions drawn from the data.
- Must acknowledge the "Healthcare Cost and Utilization Project, (HCUP)", as described in the Data Use Agreement, in reports.

Any violation of the limitations in the data use agreement is punishable under Federal law by a fine of up to \$10,000 and up to 5 years in prison. Violations may also be subject to penalties under State statutes.

† A copy of the Data Use Agreement is included on the SASD Documentation CD-ROM and is included at the end of this document.

‡ Specific provisions are detailed in the Data Use Agreement for HCUP State Ambulatory Surgery Databases.

## HCUP CONTACT INFORMATION

For technical assistance, contact the HCUP Central Distributor:

HCUP Central Distributor  
Social and Scientific Systems, Inc.  
Phone: (866) 556-4287 (toll-free between the hours of 9 a.m. and 5 p.m. (ET). If the HCUP Central Distributor is not immediately available, please leave a message on the voice mail, and your call will be returned within one business day.)

Fax: (301) 628-3201  
E-mail: [hcup@s-3.com](mailto:hcup@s-3.com)

If you have comments, suggestions, and / or questions, contact [hcup@ahrq.gov](mailto:hcup@ahrq.gov).

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**The Agency for Healthcare Research and Quality and  
the staff of the Healthcare Cost and Utilization Project (HCUP) thank you for  
purchasing the HCUP State Ambulatory Surgery Databases (SASD).**

**HCUP State Ambulatory Surgery Databases (SASD)**

**ABSTRACT**

The State Ambulatory Surgery Databases (SASD) are part of the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research.

The HCUP State Ambulatory Surgery Databases (SASD) are a powerful set of databases that capture surgeries performed on the same day in which patients are admitted and discharged.

- The SASD contain the ambulatory surgery encounter abstracts in participating States, translated into a uniform format to facilitate multi-State comparisons and analyses.
- All of the databases include abstracts from hospital-affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter abstracts for that State, including records from both hospital-affiliated and freestanding surgery centers.
- They contain a core set of clinical and nonclinical information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured.
- In addition to the core set of uniform data elements common to all SASD, some include other elements, such as the patient's race.

Researchers and policymakers use SASD to compare inpatient surgery data with ambulatory surgery data; identify State-specific trends in ambulatory surgery utilization, access, charges, and outcomes; and conduct market area research and small area variation analyses.

Seven of the Data Organizations participating in the HCUP have agreed to release their SASD files through the HCUP Central Distributor under the auspices of the AHRQ. The individual state databases are in the same HCUP uniform format and represent 100% of records processed by AHRQ. However, the participating Data Organizations control the release of specific data elements. AHRQ is currently assisting the Data Organizations in the release of the 1997-2000 SASD.

The SASD can be linked to hospital-level data from the American Hospital Association's Annual Survey of Hospitals and county-level data from the Bureau of Health Professions' Area Resource File, except in those States that do not allow the release of hospital identifiers.

Access to the SASD is available through the HCUP Central Distributor. Uses are limited to research and aggregate statistical reporting.



# INTRODUCTION TO THE HCUP STATE AMBULATORY SURGERY DATABASES (SASD)

## OVERVIEW OF THE SASD

The Healthcare Cost and Utilization Project (HCUP) State Ambulatory Surgery Databases (SASD) consist of individual data files from Data Organizations in 15 participating States. In general, the SASD contain that state's ambulatory surgery discharge records. All of the databases include abstracts from hospital affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter abstracts for that state, including records from both hospital affiliated and freestanding surgery centers. Composition and completeness of data files may vary from state to state. The SASD are annual, state-specific files that share a common structure and common data elements. Most data elements are coded in a uniform format across all states. In addition to the core set of uniform data elements, the SASD include state-specific data elements or data elements available only for a limited number of states. The uniform format of the SASD helps facilitate cross-state comparisons. In addition, the SASD are well suited for research that requires complete enumeration of hospitals and discharges within market areas or states.

Seven of the Data Organizations participating in the HCUP have agreed to release their state-specific files through the HCUP Central Distributor under the auspices of the AHRQ. The individual state databases are in the same HCUP uniform format. In general, they represent 100% of records processed by AHRQ. However, the participating Data Organizations control the release of specific data elements. AHRQ is currently assisting the Data Organizations in the release of the 1997-2000 SASD.

SASD data sets are currently available for multiple States and years, as shown in Table 1. Each release of the SASD includes:

- C Data in ASCII format on CD-ROM.
- C Patient-level discharge abstract data for 100 percent of discharges from facilities in participating States.
- C AHA Linkage File to link the SASD to data from the American Hospital Association Annual Survey of Hospitals. This is only available for those states that allow the release of hospital identifiers.
- C SASD Documentation and tools, also on CD-ROM – including file specifications, programming source code for loading ASCII data into SAS and SPSS, and value labels.

**Table 1. Number of Discharges in the SASD by Year**

State	1997 Discharges	1998 Discharges	1999 Discharges	2000 Discharges
Colorado	279,080	300,727	349,765	370,233
Florida	2,327,593	2,511,475	2,380,685	2,672,550
Maryland	347,974	353,969	357,975	370,443
New Jersey	356,353	371,872	366,438	362,343
New York	1,107,192	1,197,172	1,254,990	1,322,941
Utah	149,053	159,145	189,279	204,079
Wisconsin	Not Available	556,976	592,609	632,010

## How the HCUP SASD Differ from State Data Files

The SASD available through the HCUP Central Distributor differ from the data files available from the Data Organizations in the following ways:

- data elements available on the files and
- coding of data elements.

Because the Data Organizations dictate the data elements that may be released through the HCUP Central Distributor, the data elements on the SASD are a subset of the data collected by the corresponding Data Organizations. HCUP uniform coding is used on most data elements on the SASD. A few state-specific data elements retain the original values provided by the respective Data Organizations.

## What Types of Facilities Are Included in the SASD?

The types of facilities, hospital affiliated and/or freestanding ambulatory surgery centers, included in the SASD depend on information provided by the Data Organizations. Some states provide only hospital-based ambulatory surgery centers. Other states provide freestanding ambulatory surgery centers. Table 2 lists the types of facilities by State.

**Table 2. Types of Facilities in the SASD**

State	Hospital-Based Ambulatory Surgery Centers	Freestanding Ambulatory Surgery Centers	Other
Colorado	Yes	No	No
Florida	Yes	Yes	Radiation therapy centers, lithotripsy centers, cardiac catheterization laboratories and providers of radiation therapy
Maryland	Yes	No	No
New Jersey	Yes	No	No
New York	Yes	Yes	No
Utah	Yes	Yes	No
Wisconsin	Yes	Yes	No

Beginning in 1998, the SASD Hospital Files contain an indicator of whether the facility is hospital-based or freestanding (FREESTANDING). Prior to 1998, there is no single indicator for the type of facility. Generally, the AHA hospital identifier is coded on all hospital-based facilities and is missing on freestanding facilities.

## What is the File Structure of the SASD in the 1998-2000 Files?

Based on the availability of data elements across states, data elements included in the SASD are structured as follows:

- Core file,
- Charges file, and
- AHA Linkage file.

The **Core file** contains:

- core data elements that form the nucleus of the SASD, and
- state-specific data elements intended for limited use.

Core data elements meet at least one of the following criteria:

- are available from all or nearly all data sources,
- lend themselves to uniform coding across sources, or
- are needed for day-to-day applications (e.g., length of stay, patient age).

State-specific data elements meet at least one of the following criteria:

- are available from a limited number of sources,
- do not lend themselves to uniform coding across sources, or
- are not needed for day-to-day applications.

The **Charges file** contains detailed charge information (e.g., charges, rates, units, and revenue codes).

The **AHA Linkage file** contains AHA linkage data elements that allow the SASD to be used in conjunction with the AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA. Since the Data Organizations in participating states determine whether the AHA linkage data elements may be released through the HCUP Central Distributor with the SASD, not all SASD include AHA linkage data elements.

The Core and Charges files are discharge-level files with one observation per abstract. The same record is represented in each file, but contains different data elements. To combine data elements across discharge-level files, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

The AHA Linkage file is a hospital-level file with one observation per hospital or facility. To combine discharge-level files with the hospital-level file (AHA Linkage file), merge the files by the hospital identifier provided by the data source (DSHOSPID), but be careful of the different levels of aggregation. For example, the Core file may contain 5,000 discharges for DSHOSPID "A", but the Hospital file contains only 1 record for DSHOSPID "A".

## What is the File Structure of the SASD in the 1997 Files?

Based on the availability of data elements across states, data elements included in the SASD are structured as follows:

- Core file,
- State-specific file, and
- AHA Linkage file.

The **Core file** contains core data elements that form the nucleus of the SASD. Core data elements meet at least one of the following criteria:

- are available from all or nearly all data sources,
- lend themselves to uniform coding across sources, or
- are needed for day-to-day applications (e.g., length of stay, patient age).

The **State-specific file** contains state-specific data elements intended for limited use. State-specific data elements meet at least one of the following criteria:

- are available from a limited number of sources,
- do not lend themselves to uniform coding across sources, or
- are not needed for day-to-day applications.

The **AHA Linkage file** contains AHA linkage data elements that allow the SASD to be used in conjunction with the American Hospital Association (AHA) Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA. Since the Data Organizations in participating states determine whether the AHA linkage data elements may be released through the HCUP Central Distributor with the SASD, not all SASD include AHA linkage data elements.

The Core and State-specific files are discharge-level files with one observation per abstract. The same record is represented in each file, but contains different data elements. To combine data elements across discharge-level files merge the files by the unique record identifier (SEQ\_ASD). There will be a one-to-one correspondence of records.

The AHA Linkage file is a hospital-level file with one observation per hospital or facility. To combine discharge-level files with the AHA Linkage file, merge the files by the hospital identifier provided by the data source (DSHOSPID), but be careful of the different levels of aggregation. For example, the Core may contain 5,000 discharges for DSHOSPID "A", but the AHA Linkage file contains only 1 record for DSHOSPID "A".

## GETTING STARTED

SASD information is provided on two CD-ROMs. The SASD documentation and tools are on CD-ROM #1 and the SASD data start on CD-ROM #2.

### SASD Data Files

In order to load SASD data onto your PC, you will need between 1 and 4 gigabytes of space available, depending on which SASD database you are using. Because of the size of the files, the data are distributed as self-extracting PKZIP compressed files. To decompress the data, you should follow these steps:

1. Create a directory for the state-specific SASD on your hard drive.
2. Copy the self-extracting data files from the SASD Data Files CD-ROM(s) into the new directory.
3. Unzip each file by running the corresponding \*.exe file.
  - Type the file name within DOS or click on the name within Windows Explorer.
  - Edit the name of the "Unzip To Folder" in the WinZip Self-Extractor dialog to select the desired destination directory for the extracted file.
  - Click on the "Unzip" button.

The ASCII data files will then be uncompressed into this directory. After the files are uncompressed, the \*.exe files can be deleted.

### SASD Documentation

SASD documentation files on the SASD Documentation CD-ROM provide important resources for the user. Refer to these resources to understand the structure and content of the SASD and to aid in using the SASD. Many of the documentation files are provided in portable document format (\*.pdf) files. Files with the \*.pdf extension can be viewed, searched, and printed using the Adobe Acrobat Reader®.

You must have the Adobe Acrobat Reader software on your computer to access the SASD documentation. If you do not have Adobe Acrobat Reader software on your computer, it may be obtained free of charge from the Adobe Home Page at <http://www.adobe.com/>.

Table 3 describes the documentation and tools files that can be found on the SASD Documentation CD-ROM and illustrates the structure of the directories and subdirectories on the CD.

**Table 3. SASD Documentation CD-ROM**

<b>Directory</b>	<b>Description</b>
<b>Root</b>	Includes: <ul style="list-style-type: none"> <li>• SASD_DOCUMENTATION_README.TXT file with information with introductory information on accessing the SASD documentation</li> </ul>
<b>/General Information</b>	Includes: <ul style="list-style-type: none"> <li>• Overview of the SASD (PDF file)</li> <li>• SASD File Composition (PDF file)</li> <li>• Data Use Agreement for the State Ambulatory Surgery Databases (PDF file)</li> </ul>
<b>/Special Reports</b>	Includes: <ul style="list-style-type: none"> <li>• HCUP Coding Practices (PDF file)</li> <li>• HCUP Quality Control Procedures (PDF file)</li> <li>• HCUP Hospital Identifiers (PDF file)</li> </ul>
<b>/File Specifications</b>	Includes data set name, number of records, record length, and record layout. One file per data file per year: Core, Charges (if applicable in 1998-2000), State-specific (if applicable in 1997), and AHA Linkage (if applicable). File specifications are available for all years that a State is available. (Text files)
<b>/Description of Data Elements</b>	Includes: <ul style="list-style-type: none"> <li>• Availability of Data Elements by State in 1997 (PDF file)</li> <li>• Availability of Data Elements by State in 1998-2000 (PDF file)</li> <li>• Description of all SASD data elements including uniform coding and state-specific information (PDF file)</li> </ul>
<b>/SAS Load Programs</b>	SAS programming code to convert ASCII data files into SAS. One file per data file per year: Core, Charges (if applicable in 1998-2000), State-specific (if applicable in 1997), and AHA Linkage (if applicable). SAS load programs are available for all years that a State is available. (Text files)
<b>/SPSS Load Programs</b>	SPSS programming code to convert ASCII data files into SPSS. One file per data file: Core, Charges (if applicable), and AHA Linkage (if applicable). SPSS load programs are only available for data files beginning in 2000. (Text files)
<b>/HCUP Tools_Labels</b>	Includes: <ul style="list-style-type: none"> <li>• Label file for the Clinical Classifications Software (CCSs), a categorization scheme that groups ICD-9-CM diagnosis and procedure codes into mutually exclusive categories (Text file)</li> <li>• SAS code to create format library of variable labels (Text file)</li> </ul>

## OTHER HCUP PRODUCTS

The AHRQ Home Page on the World Wide Web is a source of information about HCUP databases and aggregate statistics from HCUP.

The address is: <http://www.ahrq.gov/data/hcup/>.

### Data

**Nationwide Inpatient Sample (NIS)** releases are currently available through the HCUP Central Distributor.

HCUP Central Distributor  
Social and Scientific Systems, Inc.  
Phone: (866) 556-4287 (toll-free)  
Fax: (301) 628-3201  
E-mail: [hcup@s-3.com](mailto:hcup@s-3.com)

An online application is available on the HCUP section of the AHRQ Website at <http://www.ahrq.gov/data/hcup/>.

**State Inpatient Databases (SID)** are hospital databases from Data Organizations participating in HCUP. The SID contain the universe of the inpatient discharge abstracts in the participating HCUP States, translated into a uniform format to facilitate multi-State comparisons and analyses. Together, the SID encompass about 80 percent of all U.S. community hospital discharges. For more information, visit: <http://www.ahrq.gov/data/hcup/hcupsid.htm> or contact the HCUP Central Distributor (see below).

**State Ambulatory Surgery Databases (SASD)** are databases from Data Organizations in participating HCUP States that capture surgeries performed on the same day in which patients are admitted and released. The SASD contain the ambulatory surgery encounter abstracts in participating States, translated into a uniform format to facilitate multi-State comparisons and analyses. All of the databases include abstracts from hospital-affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter abstracts for that State, including records from both hospital-affiliated and freestanding surgery centers. Composition and completeness of data files may vary from State to State. For more information, visit: <http://www.ahrq.gov/data/hcup/hcupsasd.htm> or contact the HCUP Central Distributor (see below).

**Kids' Inpatient Database (KID)** is a unique database of hospital inpatient stays for children 18 years of age and younger. The KID was specifically designed to permit researchers to study a broad range of conditions and procedures related to child health issues. KID files for 1997 data are available through the AHRQ-sponsored HCUP Central Distributor (contact information below). For more information, visit: <http://www.ahrq.gov/data/hcup/hcupkid.htm> or contact the HCUP Central Distributor (see below).

**HCUP Central Distributor.** HCUP databases are available for purchase through the AHRQ-sponsored HCUP Central Distributor. Many of the HCUP State Partners allow the public release of the State Inpatient Databases (SID) and State Ambulatory Surgery Databases (SASD) through the AHRQ-sponsored HCUP Central Distributor. In addition, the NIS and the KID are released

through the HCUP Central Distributor. Information on how to obtain uniformly-formatted HCUP files from States not participating in the HCUP Central Distributor is also available from the HCUP Central Distributor:

HCUP Central Distributor  
Social and Scientific Systems, Inc.  
Phone: (866) 556-4287 (toll-free)  
Fax: (301) 628-3201  
E-mail: [hcup@s-3.com](mailto:hcup@s-3.com)

## HCUPnet

HCUPnet is a Web-based query tool for identifying, tracking, analyzing, and comparing statistics on hospitals at the national, regional, and state level. With HCUPnet you have easy access to national statistics and trends and selected state statistics about hospital stays. HCUPnet guides you step-by-step to obtain the statistics you need. HCUPnet generates statistics using the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KID), and the State Inpatient Databases (SID) for those states that have agreed to participate. HCUPnet can be found at: <http://www.ahrq.gov/data/hcup/hcupnet.htm>.

## Tools

**AHRQ Quality Indicators (QIs)** are clinical performance measures for use with readily available inpatient data. Methods and software for the AHRQ Quality Indicators can be downloaded from <http://www.ahrq.gov/data/hcup/qinext.htm>.

**Clinical Classifications Software (CCS)**, formerly known as the Clinical Classifications for Health Policy Research (CCHPRs), are classification systems that group ICD-9-CM diagnoses and procedures into a limited number of clinically meaningful categories. Methods and software can be downloaded from <http://www.ahrq.gov/data/hcup/ccs.htm>.

**Comorbidity Software** assigns variables that identify comorbidities in hospital discharge records using ICD-9-CM diagnosis codes (International Classification of Diseases, Ninth Revision, Clinical Modification). Methods and software can be downloaded from <http://www.ahrq.gov/data/hcup/comorbid.htm>.

## Publications

HCUP Research Notes report aggregate statistics and detailed analyses using HCUP data. To request copies, contact the AHRQ Publications Clearinghouse at (800) 358-9295 or send a postcard to: AHRQ Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907 or visit the AHRQ Home Page.

For information on HCUP products:

**Email:** [hcup@ahrq.gov](mailto:hcup@ahrq.gov)  
**Phone:** (301) 594-3075  
**Fax:** (301) 594-2166

## DATA USE AGREEMENT FOR THE STATE AMBULATORY SURGERY DATABASES

This agreement must be signed by anyone seeking to use data in the State Ambulatory Surgery Databases (SASD) maintained by the Center for Organization and Delivery Studies (CODS), Agency for Healthcare Research and Quality (AHRQ) before access to such data can be granted. All data maintained by CODS/AHRQ is confidential or proprietary except data specified for restricted access public release, or data authorized by AHRQ and the original data source for re-release.

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

*No identification of persons*--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

*Use of Establishment identifiers*--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from the data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does *not* include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;
- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will submit those signed agreements to AHRQ;
- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;
- I will not release nor permit others to release any information that identifies persons, directly or indirectly;
- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;
- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source;

### Data Use Agreement for HCUP State Ambulatory Surgery Databases (continued)

- I will not attempt to use nor permit others to use the data sets to learn the identity of any person included in any set;
- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments;
- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;
- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases;
- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligating Amounts."));
- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ;
- I will provide an abstract and reference for any published research material resulting from the use of these HCUP State Ambulatory Surgery Databases to the HCUP Central Distributor; and
- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to the HCUP (e.g., "Healthcare Cost and Utilization Project (HCUP), *state name(s)* State Ambulatory Surgery Databases (SASD), Agency for Healthcare Research and Quality").

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to \$10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to \$10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.